

040904

**326**  
**UTILITY**  
**PATENT APPLICATION**  
**TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 251420US6

First Inventor or Application Identifier Masaru IKEDA, et al.

Title APPARATUS AND METHOD FOR EXTRACTING ARTIFICIAL IMAGES AND  
PROGRAM FOR PERFORMING THE METHOD

O

USPTO

10/18/2018

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040904

TO

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents

1.  Fee Transmittal Form (e.g. PTO/SB/17)  
(Submit an original and a duplicate for fee processing)

2.  Specification

Total Sheets

57

3.  Drawing(s) (35 U.S.C. 113) Total Sheets

21

4.  Oath or Declaration Total Pages

a.  Newly executed (original or copy)

b.  Copy from a prior application (37 C.F.R. §1.63(d))  
(for continuation/divisional with box 17 completed)

i.  DELETION OF INVENTOR(S)

Signed statement attached deleting inventor(s) named in  
the prior application, see 37 C.F.R. §1.63(d)(2) and  
1.33(b).

5.  CD-ROM or CD-R in duplicate, large table or Computer  
Program (Appendix)

6.  Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)

a.  Computer Readable Form (CRF)

b. Specification or Sequence Listing on :

i.  CD-ROM or CD-R (2 copies); or

ii.  Paper

c.  Statements verifying identity of above copies

ADDRESS TO: Commissioner for Patents  
Mail Stop Patent Application  
Alexandria, Virginia 22313

**ACCOMPANYING APPLICATION PARTS**

7.  Assignment Papers (cover sheet & document(s))

8.  Application Data Sheet. See 37 CFR 1.76

9.  37 C.F.R. §3.73(b) Statement  
(when there is an assignee)  Power of  
Attorney

10.  English Translation Document (if applicable)

11.  Information Disclosure  
Statement (IDS)/PTO-1449  Copies of IDS  
Citations (3)

12.  Preliminary Amendment

13.  White Advance Serial No. Postcard

14.  Certified Copy of Priority Document(s) (1)  
(if foreign priority is claimed)

15.  Applicant claims small entity status.  
See 37 CFR 1.27

16.  Other: Request for Priority

**17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:**

Continuation     Divisional     Continuation-in-part (CIP)    of prior application no.:

Prior application information: Examiner: Group Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

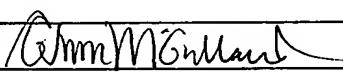
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13281

Docket No. 251420US6

S. P.  
INVENTOR(S)

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Masaru IKEDA, et al.

SERIAL NO: New Application

FILING DATE: Herewith

FOR: APPARATUS AND METHOD FOR EXTRACTING ARTIFICIAL IMAGES AND PROGRAM FOR  
PERFORMING THE METHOD

## FEE TRANSMITTAL

COMMISSIONER FOR PATENTS  
ALEXANDRIA, VIRGINIA 22313

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	11 - 20 =	0	x \$18 =	\$0.00
INDEPENDENT CLAIMS	5 - 3 =	2	x \$86 =	\$172.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$290 =	\$0.00
<input checked="" type="checkbox"/> LATE FILING OF DECLARATION			+ \$130 =	\$130.00
			BASIC FEE	\$770.00
			TOTAL OF ABOVE CALCULATIONS	\$1,072.00
<input type="checkbox"/> REDUCTION BY 50% FOR FILING BY SMALL ENTITY				\$0.00
<input type="checkbox"/> FILING IN NON-ENGLISH LANGUAGE			+ \$130 =	\$0.00
<input type="checkbox"/> RECORDATION OF ASSIGNMENT			+ \$40 =	\$0.00
			TOTAL	\$1,072.00

Please charge Deposit Account No. 15-0030 in the amount of      A duplicate copy of this sheet is enclosed.

A check in the amount of      to cover the filing fee is enclosed.

Credit card payment form is attached to cover the filing fee in the amount of **\$1,072.00**

The Director is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check or credit card payment is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,  
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